

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 118

Registered No. 153

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 106
City Miami No. 61 Davis Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Clodia Aguayo
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin triplet or other _____ 5. Legitimate? yes 6. Date of birth April 4-1929
Month _____ Day _____ Year _____

8. FATHER
Full name Angel H. Aguayo
9. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

10. Color or race Mex 11. Age at last birthday 38 (Years)
12. Birthplace (city or place) Chihuahua
(State or country) Mex.

13. Occupation
Nature of industry Miner

14. MOTHER
Full maiden name Virginia Molina
15. Residence (Usual place of abode) Miami
If non-resident, give place and state. Arizona

16. Color or race Mex. 17. Age at last birthday 33 (Years)
18. Birthplace (city or place) Chihuahua
(State or country) Mex.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.)
(a) Born alive and now living 6
(b) Born alive but now dead 1
(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 5 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.
Physician (Physician or midwife).

Given name added from a supplemental report _____ Address Miami, Arizona
Month, day, year _____ Filed Apr 15, 1929 Registrar R. E. Jones

Registrar

516-404-541